

**Baltimore City Health Department  
Child and Adult Care Food Program**

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Policies  
Practices  
Procedures  
**Guidelines**

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# ***GENERAL POLICIES, PROCEDURES and GUIDELINES***

## **MISSION**

The Baltimore City Health Department provides advocacy and leadership needed to ensure the protection and promotion of the health and well being of the citizens of Baltimore City. As part of this mission, the department sponsors the Child and Adult Care Food Program to assist with the implementation of strategies to decrease child and adolescent morbidity.

## **GOAL**

The Child and Adult Care Food Program was designed to improve the health and nutrition of children enrolled in the program through education, professional leadership and technical assistance. We promote the development of good eating habits while providing professional assistance to family day care providers in an efficient and effective manner.

## **VALUES**

Representatives of the Child and Adult Care Food Program will conduct themselves in a respectful and professional manner. The same respect and professional attitude is expected from the Family Day Care Providers and those representing the Family Day Care Provider.

## **GENERAL POLICIES and PROCEDURES**

The general Polices and Procedures are important and necessary for successful program compliance and operations. The Child and Adult Care Food Program AGREEMENT in collaboration with the Rules and Regulations of the Department of Human Resources, Child Care Administration – Region II utilize those Rules and Regulations which affect CACFP participation.

# INTRODUCTION

The intent of the Child and Adult Care Food Program is to **SUBSIDIZE** and not totally fund the cost of food. The food reimbursement is for the provider to serve meals in the home and claim for reimbursement the following: two meals and one snack or two snacks and one meal per day, per child, per shift selecting from Breakfast, Lunch, Supper, and Snack Supplements – (AM/PM/EVE.) for enrolled children. Program payments for day care homes are based on the number of meals served to enrolled children, multiplied by the appropriate reimbursement rate for each breakfast, lunch, supper, and snack supplement they are approved to serve. Once on the program, the provider *cannot ask the parents for an additional charge, nor are parents allowed to bring food.* The providers are responsible for feeding the children enrolled in their care.

The Child and Adult Care Food Program will reimburse for two (2) meals and one (1) snack per child or two (2) snacks and one (1) meal. Family size and income data along with Meal Benefit Forms are used to determine the eligibility classification for own child/ren enrolled in the family day care home.

Reimbursement categories are based on the location of economic need as determined by school data and/or household income: **Tier I** and **Tier II**.

The Child and Adult Care Food Program receives total funding from the United States Department of Agriculture, administered by Maryland State Department of Education, School and Community Nutrition Programs and sponsored by the Baltimore City Health Department. The Child and Adult Care Food Program (CACFP) provides reimbursement for eligible meals served in licensed family day care homes enrolled in the Child and Adult Care Food Program. The programs goal is to improve the Health and Nutrition of children enrolled, while promoting the development of good eating habits through the use of Nutrition Education and Guidance. The meals and snacks must meet U.S. Department of Agriculture nutrition requirements based on the Recommended Dietary Allowances and Dietary Guidelines for Americans. These meals and snacks serve help the children grow to be healthy and to provide food related experiences to learn healthy attitudes about food and nutrition.

Participating in the Child and Adult Care Food Program allows infants and children, ages 1–12 years to eat a variety of nutritious foods which help develop strong bones, skin, teeth and hair. Eating well helps fight illness, gives energy to explore, discover and be physically active each day to maintain a healthy weight and develop healthy heart, and lungs. The provider is responsible for successfully introducing new foods, encouraging favorable attitudes toward food and good eating habits, be knowledgeable of the meal components, serving sizes, and nutrient contributions. Providers participating in the program serve foods low in salt, low fat and low sugar.

# ***BEST PRACTICES CHECKLIST***

## *State of Preparedness*

### **LICENSE**

The Family Day Care Provider **MUST** be licensed by the Child Care Administration and have a current copy of the **license posted** in a visible spot in the home. Each provider may provide service for no more than the maximum number of children, approved ages of children in care, and approved hours of operation issued by the Department Human Resources, Child Care Administration.

- The provider must submit a copy of the most current license to CACFP or
- The provider must submit a copy of the extension letter, if the license to operate day care has expired.
- Providers cannot participate in the CACFP with an expired, suspended or surrendered license.
- Providers **cannot participate** in the CACFP at a new **change** of residence and must complete, sign and date Report of Change form.

### **CIVIL RIGHTS**

In accordance with Federal law, the United States Department of Agriculture policy and this institution, all family day care homes are prohibited from discriminating based on race, color, national origin, sex, age, or disability. USDA is an equal opportunity provider and employer. Meals must be served to ALL enrolled children for infants through children up to age twelve years (age 0-12) in the Family Day Care Home. PARENTS refusing the Meal Services for the enrolled children **MUST SIGN A WAIVER** and the family day care providers must keep an attendance record of non-participants along with a copy of the Formula/Meal Waiver.

### **PREAPPROVAL VISIT CERTIFICATION**

Pre-approval Visit Certification must be signed when an application is processed for a new family day care provider agreeing to participate in the Child and Adult Care Food Program, (CACFP). The home review monitor or representative of the sponsoring agency must complete and discuss all the topics listed in addition to any other information or mandates as required by the Maryland State Department of Education.

## AGREEMENT

The Agreement between the Baltimore City Health Department as sponsoring organization and provider to participate in the CACFP is a permanent agreement. The *Agreement* specifies the rights and responsibilities of the Sponsoring Organization: Baltimore City Health Department and of the Family Day Care home Provider as participants in the Child and Adult Care Food Program governed by 7 Code of Federal Regulations 226. The Child and Adult Care Food Program is administered by the Maryland State Department of Education and funded by the United States Department of Agriculture.

## APPLICATION

The *Application* identifies the number of children in care from youngest to oldest for the renewal year. The operational status of participation in other states, number of hours, days and weeks provider plans to provide day care. The meals to be claimed for reimbursement and the time meals are served, not exceeding the maximum of three meals types, per child, per day, provided that one of the meals is a snack.

## ENROLLMENTS

An enrollment form must be submitted for each child claimed for meals. The parent or guardian of the child must sign these enrollment forms. The Child and Adult Care Food Program should be called immediately to request the number of enrollments needed for the child/ren agreed to care for and the start date. These enrollments should be completed and mailed within **three days to CACFP. Meals claimed for children without enrollments will not be paid.** Children twelve and under are eligible for reimbursement, although, **Children over the age of twelve are not eligible to receive reimbursement the following exemptions apply.**

- **EXEMPTIONS**

The provider may receive reimbursement for meals served to eligible children of **migrant workers fifteen years of age or under**, and the provider may receive reimbursement for meals served to eligible children with **mental or physical disabilities eighteen years of age and under.**

## **NON-PARTICIPANT MEAL RECORDS**

Providers are required to maintain records of meals served to non-participants even though the meals cannot be claimed for reimbursement. Non-participants are those children who receive meals, and are **ineligible** to participate in the CACFP. Keep this record for your day care files; do not send to CACFP.

Ineligibility may be due to the following:

1. Age – over (12) twelve years of age
2. Not enrolled for care
3. Provider's Own children that are not income eligible

## **PROVIDER MEAL BENEFIT FORMS (MBF)**

The meal benefit forms are offered annually to all providers enrolled in the CACFP. The information on the Meal benefit form is confidential. This information will be used only to determine the reimbursement level a FDC provider may receive for the meals served to categorically **OWN**: own child/ren, grandchild/ren, foster child/ren and other related and unrelated children living in the home as part of the economic household unit.

### **Categorically OWN child/ren must:**

- Have a meal benefit form application for each own child 12 and under (unless documentation on file for handicapped child)
- Meal Benefit Form been approved as eligible to claim
- The OWN child – Must **Sit** and **Eat** with at least **One enrolled child being claimed for the same meal(s).**

### **Categorically OWN Tier II child/ren must:**

- Have a meal benefit form application and proof of income for own child/ren to qualify for Tier I reimbursement or
- Have meal benefit form applications for all enrolled children to qualify for combination rates

## ***MENUS, INVOICES, ATTENDANCE (MIA)***

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### ***MIA = Menus – Invoices - Attendance***

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- ***MENUS***
  - COMPLETED FOR A MINIMUM OF TWO WEEKS FOR CHILDREN AGES 1 – 12
  - COMPLETED FOR EACH ENROLLED INFANT AGES 0 – 11 MONTHS MAXIMUM OF TWO INFANTS
  
- ***INVOICES***
  - RECORDED AT POINT – OF – SERVICE
  - RECORDED AT THE END OF THE DAY AS DAILY RECORDS
  
- ***ATTENDANCE*** – RECORDED AS SOON CHILD ARRIVES

# MENU PLANNING

## TWO –WEEK MENUS FOR CHILDREN

Participating in the CACFP takes organization and planning ahead. Providers must have available a minimum of two-weeks menus the beginning of each month. This will enable the Nutrition Technician the ability to review the food selections being served on a daily basis. The menus must reflect the use of the United States Department of Agriculture's food components. The providers are encouraged to serve variety and introduce new foods. Foods that are highest in Vitamins A, C and Iron must be planned into the menu.

## MENUS FOR INFANTS

Each infant enrolled in the family day care home requires individualized infant menus.

- Birth – 3 months - one menu per month per infant
- 4 – 7 months - one menu per month per infant if formula/breast milk is the sole source of food
- 8 – 11 months - two menus per month per infant required, infants in this age category are developmentally ready for additional foods.

## INVOICE – FOOD SERVICE INVOICE

All appropriate paperwork must be done completed on a daily basis. **Daily Record** is before the end of the day. Point of Service is anytime after a meal or snack has been placed on the table and before the last child is finished eating. The Food Service **Invoice** Report **MUST** be recorded at Point-of-Service and all claimed meals documented by close of day.

## ATTENDANCE – DAILY ROLL CALL

In the manner of greeting the parents, enrolled children and getting the children settled into the regular daily routine, designate a roll call time for each set of enrolled children or point of entry. If your enrolled children arrive at various times, establish a time in which all children have arrived and roll call after the last child has arrived and before the start of the daily schedule. The daily **Attendance** sheet **MUST** be completed daily.

# ***REIMBURSEMENT***

## **CORRECT RECORD KEEPING FORMS**

The Provider is responsible for submitting ***CORRECT Menus – Invoices – Attendance (MIA)*** Record Forms. Providers will not be reimbursed if meal counts are omitted, incorrect or the wrong pattern used. The daily attendance form and the fiscal invoice must correlate. **MIA** Forms must be mailed on the last day of the MONTH after the last meal is served. **MIA** Forms that are received before the last meal is served and meals have been claimed will be disallowed. **MIA** forms are due the 3<sup>rd</sup> day of each month following the claim month.

## **LATE CLAIM REIMBURSEMENT**

### ***LATE – Menus – Invoices – Attendance***

Providers who fail to submit **MIA** by the fifth (5<sup>th</sup>) day of the month, but before the 28<sup>th</sup> day are considered late and will receive a late payment. The paperwork will not be processed until the following month.

## **DEADLINE CLAIM REIMBURSEMENT**

### ***DEADLINE***

The Provider must submit the menu records- ***MENUS***; meal count Food Service - ***INVOICE***; and ***ATTENDANCE*** records ***MIA*** to the Child and Adult Care Food Program by the **twenty-eighth (28<sup>th</sup>) day** after the due date (third day) of each month following the month being reported. **FAILURE TO MEET THE DEADLINE WILL RESULT IN LOSS of PAYMENT for that MONTH.**

# CALENDAR CLAIM MONTH EXAMPLE

**Example:**

**JULY, 2003**

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

**Claim Month: June, 2003**  
**Due Date: July 03, 2003**  
**Deadline Date: July 31, 2003**

**Example:**

**JULY, 2004**

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	18	19
18	19	20	21	22	23	24
25	26	27	28	29	30	31

**Claim Month: June, 2004**  
**Due Date: July 05, 2004**  
**Deadline Date: August 02, 2004**

**Example:**

**JULY, 2005**

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

**Claim Month: June, 2005**  
**Due Date: July 06, 2005**  
**Deadline Date: August 03, 2005**

**Example:**

**JULY, 2006**

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

**Claim Month: June, 2006**  
**Due Date: July 06, 2006**  
**Deadline Date: August 03, 2006**

## USDA REVISED ANNUAL RATES

### REIMBURSEMENT RATES

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<b>FY 2005 (7/1/04-6/30/05)</b>	<b>Tier I</b>	<b>Tier II</b>
<b>Breakfast</b>	<b>1.04</b>	<b>.39</b>
<b>Lunch/Supper</b>	<b>1.92</b>	<b>1.15</b>
<b>Snack (AM/PM/EVE)</b>	<b>.57</b>	<b>.16</b>

<b>FY 2004 (7/1/03-6/30/04)</b>	<b>Tier I</b>	<b>Tier II</b>
<b>Breakfast</b>	<b>.99</b>	<b>.37</b>
<b>Lunch/Supper</b>	<b>1.83</b>	<b>1.10</b>
<b>Snack (AM/PM/EVE)</b>	<b>.54</b>	<b>.15</b>

<b>FY 2003 (7/1/02-6/30/03)</b>	<b>Tier I</b>	<b>Tier II</b>
<b>Breakfast</b>	<b>.98</b>	<b>.37</b>
<b>Lunch/Supper</b>	<b>1.80</b>	<b>1.09</b>
<b>Snack (AM/PM/EVE)</b>	<b>.53</b>	<b>.14</b>

## TIER RATES

### TIER RATES

**TIER I - YELLOW INVOICES** – located in an area of economic need as determined by Baltimore City Public School Lunch Data.

**TIER II-PINK INVOICES** – located in an area outside of economic need as determined by Baltimore City Public School Lunch Data.

**COMBO-PINK INVOICES** – located in an area outside of economic need as determined by Baltimore City Public School Lunch Data, Parents of enrolled child/ren may complete a confidential Meal Benefit Form and qualify for the higher reimbursement rate, per application per child.

### *UNDER/OVER PAYMENT*

Providers are responsible for calculating on the provider's copy of the invoice to ensure correct payment amount. If you have questions about the amount received call your Nutrition Technician immediately.

UNDERPAYMENTS – The CACFP will make every effort to ensure that all underpayments are compensated, however the process may take up to thirty days from the date reported to CACFP.

OVERPAYMENTS – The CACFP will request the Office of Disbursements to deduct 50 percent of the provider's monthly reimbursement until the overpayment paid in full.

DISALLOWANCE - The CACFP will send a letter indicating the amount of your reimbursement check when a deduction has been made due to disallowance of a meal/snack per child; child not enrolled; or wrong pattern used for the month.

## CLAIM REIMBURSEMENT NOT RECEIVED

### *REIMBURSEMENT NOT RECEIVED ON TIME*

Provider Reimbursement checks are mailed on assigned days each month after the completion of routing from various city offices. The CACFP receives notification of the date that checks are mailed; providers must wait a minimum of ten business days before filing a report to their Nutrition Technician that Reimbursement has not been received. A Missing Check Report list is generated, investigated and a Stop Payment Request is executed. Re-issues may take from six weeks to six months depending on the complexity of each individual case. Patience must be demonstrated during the Re-issue process.

**PROVIDERS ARE RESPONSIBLE FOR PROVIDING MEALS TO ALL ENROLLED CHILDREN REGARDLESS OF NON-REIMBURSEMENT RECEIVING.**

## CHECKLINE

Providers may call **410-396-4573** for check inquires: if Providers have not received their reimbursement checks after **ten business days of the date posted**, call your Nutrition Technician. **PLEASE DO NOT CALL BEFORE THE 28<sup>TH</sup> OF THE MONTH TO INQUIRE ABOUT YOUR REIMBURSEMENT CHECK.**

**PROVIDERS MUST DEMONSTRATE PATIENCE, WHILE WAITING FOR THE CACFP REIMBURSEMENT CHECK - CACFP DOES NOT MAIL OUT THE REIMBURSEMENT CHECKS BUT WILL ENSURE PAYABLE PROCESS.**

## OFFICE HOURS/LOCATION

The Child and Adult Care Food Program office hours are Monday – Friday from 8:30 AM – 4:30 PM. You may bring your MIA forms into the office not later than the **third working day** of the month. Please call your worker before coming downtown due to security measures in the surrounding area. The office is located: **4 South Frederick Street, 2<sup>nd</sup> Floor.**

## NO PAYMENTS

Providers will not receive payments for six federal holidays, vacations planned by the provider or when children are absent from the day care home.

## HOLIDAYS

The Child and Adult Care Food Program does not pay for the following holidays:

New Year's Day  
January 01

Memorial Day  
May (same day observed by State)

Independence Day  
July 04

Labor Day  
September

Thanksgiving Day  
November

Christmas Day  
December 25

## **INTERNAL REVENUE SERVICE PROCEDURE**

### **REVISED INTERNAL REVENUE SERVICE PROCEDURE 2003-22 THAT PROVIDES TAX REVENUE PROCEDURES FOR FAMILY DAY CARE PROVIDERS**

The revised procedure is a benefit to family day providers as it allows the use of standardized rates to claim deductions for meals and snacks served to children in care. Providers do not need to keep receipts for food purchased during the taxable year. The standardized rates are the same as CACFP Tier 1 reimbursement rates.

The IRS requires family day care providers to keep records to substantiate their claims. To ensure that family day care providers meets the record keeping requirement of Revenue Procedure 2003-22, the IRS has developed a meal and snack log to document the meal service provided in the day care home. Providers that use the IRS logs will have the documentation needed to substantiate tax deductions taken for food costs. The IRS Revenue Procedure 2003-22 is found at the website:

<http://www.irs.gov/pub/irs-drop/rp-03-22.pdf>

The log form(s) are located in the Appendix of the IRS Revenue Procedure.

Providers who have additional questions about deductions for meals and snacks provided to children in their care should consult with their Tax Advisor or the IRS at [www.irs.gov](http://www.irs.gov) or 1-800-829-1040.

**CHILD and ADULT CARE FOOD PROGRAM MONIES ARE REIMBURSEMENT  
INCOME STATEMENTS ARE NOT ISSUED**

## ADVANCED NOTIFICATION

### ADVANCED NOTIFICATION AWAY FROM FAMILY CHILD CARE HOME

The family day care provider must notify the sponsor in advance whenever the children will be out of the home during a meal service period. If the provider is seeking reimbursement for Off-Site meal service, a monitoring visit may be conducted at the location.

If an Un-announced Home Review Visit is attempted and the provider failed to call the Child and Adult Care Food Program office, the provider and children are found not to be at home during the meal time indicated on the Application, the meal will be disallowed and the Nutrition Technician will return for another Un-announced Home Review Visit within thirty days.

#### **Follow-Up**

If a second Un-announced Home Review Visit is attempted and again the provider failed to call the Child and Adult Care Food Program office, the provider and children are found not to be at home during the meal time indicated on the Application, **ALL MEALS FOR THE DAY WILL BE DISALLOWED** and the visit does not count toward the monitoring requirement.

#### **Substitutes**

If providers are going to be away from the home during mealtime and will claim the meal(s) by using a Substitute, the provider should call the office and inform the Nutrition Technician of pertinent information regarding absence and Substitutes name. Substitutes should be familiar with CACFP record keeping requirements, point-of-service, daily records, and meal components, for food program compliance. **MEALS MUST HAVE:**

- All components required by USDA
- Meet minimum portion requirements
- Meet requirements for age category of each child

## FIELD TRIPS

Providers **seeking reimbursement for OFF-SITE meal service will need to contact the Nutrition Technician**; a monitoring visit may be required at the location. Providers may send in a monthly pre-planned schedule of field trips away-from-home activities during mealtime.



**MEALS**

Meals must be served as close to the meals as indicated on the application with the time of service. Meals should be served as close to the scheduled times as possible as **indicated on the Application**. If there are changes of mealtimes, notify the assigned Nutrition Technician immediately. Though you may serve up to five meals, providers are reimbursed for three meals and one of those meals must be a snack.

\*Parents are not allowed to bring milk or food, nor can they be charged an additional fee for meals served that are non- reimbursable.

The following schedule is created for all meals and snacks served to **Children** (ages 1 – 12 years) in the family day care homes participating in the Baltimore City Health Department – Child and Adult Care Food Program. This schedule does not apply to infants.

**INFANTS SHOULD BE FED WHEN THEY SHOW SIGNS OF HUNGER**

**CACFP MEALTIME SCHEDULE FOR CHILDREN**

Meals must be served between the listed hours and there must be at least 1- hour – 2 hours time frame between each meal service.

<b>Meal</b>	<b>Start Time</b>	<b>End Time</b>
Breakfast	<b>06:00AM</b>	<b>09:00AM</b>
AM Snack	<b>09:00AM</b>	<b>11:00AM</b>
Lunch	<b>11:30AM</b>	<b>01:30PM</b>
PM Snack	<b>02:00PM</b>	<b>04:00PM</b>
Supper	<b>04:30PM</b>	<b>06:30PM</b>
EVE Snack	<b>06:30PM</b>	<b>08:30PM</b>

**MEALS SERVED OUTSIDE OF THE MEAL TIME SCHEDULE  
ARE NOT  
ELIGIBLE FOR CACFP REIMBURSEMENT**

**HOME REVIEW MONITORING**

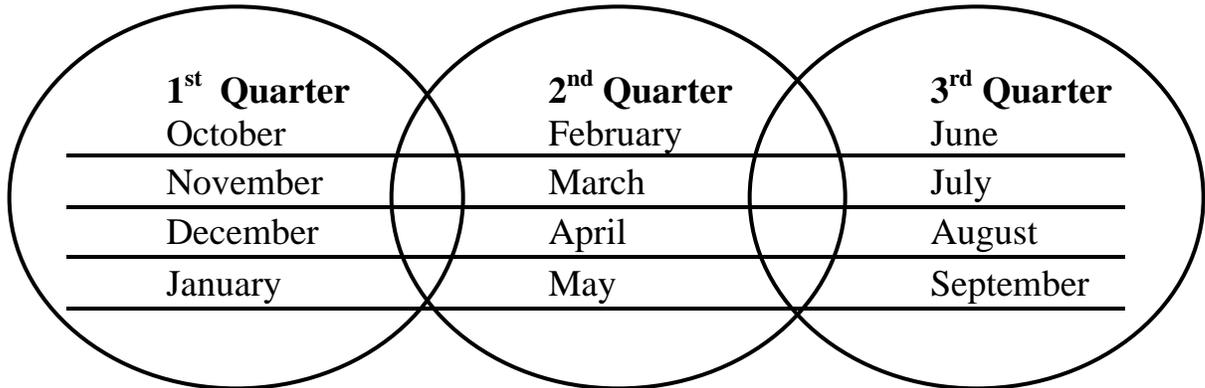
***THREE TIMES PER YEAR REQUIREMENT***

The BCHD-CACFP conducts Three Home Review Monitoring Visits for family day care providers’ homes that participate in CACFP – twelve (12) months each year, and continue to participate on a full fiscal year (October 1 – September 30) from one year to the next. Providers participating less than the six months receive one visit and commence with the new review cycle in the new fiscal year. Two of Three Home Review Visits are Unannounced.

***PREAPPROVAL – FIRST REVIEW REQUIREMENT***

Providers that are new to the program receive a *preapproval* visit explaining the Child and Adult Care Food Program and a follow-up “first review” visit within two weeks to ensure proper understanding.

HOME REVIEW MONITORING SCHEDULE



***IDENTIFICATION REQUEST***

**Providers should request photo identification before admitting (Sponsor, State or Federal) personnel into the family day care home.** Nutrition Technicians, the Maryland State Department of Education and United States Department of Agriculture personnel must present photo identification at the time of a home review visit. ***FAILURE*** to ADMIT properly identified Child Nutrition personnel into the family day care home are ***GOODS FOR TERMINATION*** from the Child and Adult Care Food Program.

**NEVER ADMIT AN UNIDENTIFIED PERSON INTO YOUR HOME**

## CHILD CARE FOOD PROGRAM TRAINING

### CACFP TRAINING AND NUTRITION EDUCATION TRAINING

The CACFP provides mandatory training for providers **enrolled** in the food program **only**. This training is held during the months March – May and make-up training is held in June. If you have a legitimate reason and know that you are going to be unable to attend your scheduled training date, contact your Nutrition Technician or the NT Supervisor immediately for more information and assistance in rescheduling.

Providers are required to attend **ONE mandatory** Child and Adult Care Food Program **Training**.

Providers that do not attend the mandatory training will be determined Seriously Deficient and may be Terminated from the CACFP.

**PROVIDERS SHOULD CALL THEIR NUTRITION  
TECHNICIAN FOR CACFP TRAINING DATES BY  
MARCH 15<sup>TH</sup>**

**PROVIDERS MUST REMAIN FOR THE DURATION OF THE  
CACFP TRAINING.**

**PROVIDERS ARE EXPECTED NOT TO BRING CHILDREN TO  
THE CACFP TRAINING.**

## IMMUNIZATION RECORDS

### ***IMMUNIZATIONS***

Requirements for licensed family day care homes are based on the Maryland Department of Health and Mental Hygiene recommended immunization schedule. [COMAR 07.04.01] Immunization records must be on file for proper enrollment of children from birth to age 12 years to participate in the CACFP.

- **EXEMPTIONS**

Documentation should be on file if the enrolled child is exempt from immunization medical or religious ground.

- MEDICAL CONTRAINDICATION
- RELIGIOUS OBJECTION

## HOW TO HAVE GREAT HOME REVIEWS

Throughout the course of your career as a Family Day Care Provider participating with the CACFP you may be visited by a reviewer from the USDA, the MSDE, and BCHD at any time, it's best to always be prepared. The following will be reviewed:

1. License, posted in a visible spot in the home
2. Extension Letter, if license to operate is expired
3. Agreement/Application
4. Provide Date of Birth
5. Enrollment per Child per Shift
6. Meal Benefit Form Letter for Own Child
7. Menus for Infants completed for each Infant
8. **M**enus for Children completed for Minimum of Two Weeks
9. **I**nvoice for Fiscal Report completed and Up – To – Date
10. **A**ttendance Record completed and Up – To –Date
11. Non-Participant Attendance
12. House Formula on Site
13. Formula Waiver for Infants
14. Six Month Supply of Record Forms Available
  
15. Business Reply Envelopes
  - a. Brown Envelopes are for **MIA** ONLY
  - b. Nutrition Technician Initials on the back of the envelope
  - c. Walk – Ins may bring **MIA** forms into the office between the 3<sup>rd</sup> and 5<sup>th</sup> of the month
  
16. Sanitation/Safety
  - a. Hand Washing at Meal Time
  - b. Working Refrigerator and Thermometers in Refrigerator and Freezer section of Refrigerator.
  - c. Working Stove
  - d. Cleaning Supplies Stored Separately
  
17. **KEEP IT FOR FIVE**  
Be on the safe side and **Keep** your **CACFP Records** for **Five Years**.  
The Required Time is Three Years plus the Current Year



**PARENT  
FYI  
CACFP**



## PARENTS FYI

***PARENTS ARE NOT ALLOWED TO BRING MILK OR FOOD, NOR CAN THEY BE CHARGED AN ADDITIONAL FEE FOR MEALS SERVED THAT ARE NON-REIMBURSEABLE.***

### **PARENT EXCEPTION – ALLERGIES**

Parents are allowed to bring a substitute food when the child has an **allergy** and a **medical statement** from the pediatrician is on FILE in the day care home and with the CACFP verifying the allergy and food substitute.

### **PARENTAL CONTACTS/NOTIFICATION**

Providers must inform and notify Parents of their participation in the Child and Adult Care Food Program and:

- Distribute an Enrollment Form Per Child
- Distribute Parental Notification information to Parents/Guardians of all children currently enrolled.
- Distribute to Parents as standard enrollment process the following brochures:
  - “Building for the Future”
  - “WIC: Special Supplemental Nutrition Program for Women, Infants, and Children”
  - Parent Verification Questionnaire
  - Parental Contract

### **PARENT SURVEYS**

- A random selection of parents will be contacted for verification of information, i.e.: enrollments, meals served and meal benefit forms.
- Parent Questionnaire
- Parents are encouraged to review the Menus, which should be posted daily

### **IMMUNIZATIONS**

Parents are to provide Immunization Records. [COMAR 07.04.01] Immunization records must be on file for proper enrollment of children from birth to age 12 years to participate in the CACFP.

- **EXEMPTIONS**

Documentation should be on file if the enrolled child is exempt from immunization medical or religious ground.

- MEDICAL CONTRAINDICATION
- RELIGIOUS OBJECTION

## *BUILDING FOR THE FUTURE*

This day care facility participates in the Child and Adult Care Food Program (CACFP), a Federal program that provides healthy meals and snacks to children receiving day care.

Each day more than 2.6 million children participate in the CACFP at day care homes and centers across the country. Providers are reimbursed for serving nutritious meals, which meet USDA requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

**Meals** CACFP homes and centers follow meal requirements established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the four groups: )
Milk Fruit or Vegetable Grains or Bread	Milk Meat or meat alternate Grains or bread Two different servings of fruits or vegetables	Milk Meat or meat alternate Grains or bread Fruit or vegetable

**icipating  
Facilities**

Many different homes and centers operate the CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child Care Centers:** Licensed or approved public or private nonprofit child care centers, Head Start programs, and some for-profit centers.
- **Family Day Care Homes:** Licensed or approved private homes.
- **After-school Care Programs:** Centers in low-income areas provide free snacks to school-age children and youth.
- **Homeless Shelters:** Emergency shelters provide food services to homeless children.

**igibility**

State agencies reimburse facilities that offer non-residential day care to the following children:

- Children age 12 and under,
- Migrant children age 15 and younger, and
- Youths through age 18 in after-school care programs in needy areas.

**ontact  
mation**

If you have questions about the CACFP, please contact one of the following:

**Baltimore City Health Department**  
Sponsoring Institution  
**Jacqueline Gowans Maultsby** \_\_\_  
Director  
**4 South Frederick Street, 2<sup>nd</sup> Floor**  
Address  
**Baltimore, Maryland 21202** \_\_\_\_\_  
City, State, Zip  
**410-396-4240** \_\_\_\_\_  
Phone Number

Maryland State Department of Education  
School and Community Nutrition Programs Branch  
Child and Adult Care Food Program  
200 W. Baltimore Street  
Baltimore, MD 21201  
410-767-0214

# Women, Infants, Children

Better Nutrition for A Brighter Future

## About WIC

WIC is a federally funded program that provides healthy supplemental foods and nutrition counseling for pregnant women, new mothers, infants, and children under age five.

## WIC Works Wonders

### For Women

Women in the WIC Program eat better and have healthier babies.

### For Infants

Infants born to WIC mothers weigh more and grow and develop better.

### For Children

Children on WIC eat foods with more iron and vitamin C, which helps them develop strong minds and bodies.

## Who is Eligible?

\*Live in Maryland.

\*Are pregnant, a new mother, an infant or child under 5 years of age.

\*Have a nutritional need.

\*Have a household gross (before taxes and deductions) income that is less than or equal to the income guidelines below, or you receive Food Stamps, Medical Assistance, TCA (Temporary Cash Assistance) or participate in MCHP (Maryland Children's Health Program).

## RATES are determined by USDA and REVISED ANNUALLY

(2004 -2005 Rates)

Family Size	Annual	Monthly	Twice Monthly	Biweekly	Weekly
1	\$17,224	\$1,436	\$718	\$663	\$332
2	\$23,107	\$1,926	\$963	\$889	\$445
3	\$28,990	\$2,416	\$1,208	\$1,115	\$558
4	\$34,873	\$2,907	\$1,454	\$1,342	\$671
5	\$40,756	\$3,397	\$1,699	\$1,568	\$784
6	\$46,639	\$3,887	\$1,944	\$1,794	\$897
7	\$52,522	\$4,337	\$2,189	\$2,021	\$1,011
8	\$58,405	\$4,868	\$2,434	\$2,247	\$1,124

For each add'l family member add:

+\$5,883 + \$491 +\$246 +\$227 +\$114

## How to apply for WIC

To set up an appointment to apply for WIC, contact the WIC office in your county. The WIC staff will tell you what to bring to your appointment.

Allegany County (301) 724-3750

Anne Arundel County (410) 222-6797

**Baltimore City Health Department (410) 396-9427**

Baltimore County (410) 887-6000

Calvert County 1-877-631-6182

Caroline County (410) 479-8060

Carroll County (410) 876-4898

Cecil County (410) 996-5255

Charles County (301) 609-6857

Dorchester County (410) 479-8060

Frederick County (301) 694-2507

Garrett County (301) 334-7710

...Grantsville Residents (301) 895-3111

Harford County (410) 273-5656

Howard County (410) 313-7510

**Johns Hopkins University (410) 223-1658**

Kent County (410) 810-0125

Montgomery County (301) 762-9426

Prince George's County (301) 856-9600

Queen Anne's County (410) 758-0720

Somerset County (410) 749-2488

St. Mary's County 1-877-631-6182

Talbot County (410) 479-8060

**University of Maryland - Penn Street (410) 706-1760**

**University of Maryland - Edmondson Village (410) 328-0352**

**University of Maryland - Carey Street (410) 225-9835**

Washington County (301) 791-3310

Wicomico County (410) 749-2488

Worcester County (410) 749-2488

**If you are eligible, you will receive nutrition information, referrals to other services, and checks to buy foods such as:**

- Milk   - Infant formula                      - 100% fruit and/or vegetable juice   - Peanut butter
- Cheese                      - Eggs                      - Dried beans and peas                      - Cereal

Phone: 1-800-242-4WIC

E-mail: [wic@dnhm.state.md.us](mailto:wic@dnhm.state.md.us)

Fax: 410-333-5243

Website: <http://www.mdwic.org>

In accordance with federal law and U.S. Department of Agriculture policy, State law, and the Maryland State Department of Education policy, discrimination is prohibited on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to the USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.  
Rev 7/04

**BALTIMORE CITY HEALTH DEPARTMENT  
CHILD AND ADULT CARE FOOD PROGRAM**

**PARENTAL CONTRACT  
FOR  
VERIFICATION OF INFORMATION**

My child/ren will be attending the Family Day Care Home of \_\_\_\_\_ on the days and times indicated on the Enrollment Form Statement. I am aware that my child/ren will participate in the United States Department of Agriculture's Child and Adult Care Food Program. I have received a copy of the **Parents FYI** of the Procedures and Guidelines with the Family Day Care Provider and know that I should review the posted menus to avoid duplicating meals at home and understand that Child and Adult Care Food Program personnel may contact me for Parent Audit, Survey or Verification. By signing and returning this **Parental Contract**, I agree to adhere to the Child and Adult Care Food Program parent policies. The name(s) of my enrolled child/ren are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_



**BABIES  
WELCOME  
IN  
CACFP**



## **BABIES WELCOME IN CACFP**

### ***HOUSE FORMULA***

When a family day care provider has infants under one year of age in care, the provider must make available at least one infant formula with iron which meets program requirements. (***REFER TO APPROVED FORMULA LISTING – ATTACHMENT A***).

### ***FORMULA WAIVER***

A Parent may decline the infant formula offered by the provider and elect to supply another formula. Parents however must sign a formula waiver to verify that the Provider offered the Meal Services. (***REFER TO FORMULA WAIVER - ATTACHMENT B***).

### ***PARENT PROVIDED FORMULA***

Providers may claim reimbursement for meals containing Parent Provided Formula or Breast Milk or Both when Formula or Breast Milk is the only required meal component.

### ***BREAST MILK***

#### ***BREAST-FED BABIES WELCOME HERE***

- If a family day care provider bottle-feeds infant breast milk that has previously been expressed by the mother, and put into the bottle; the meal **is reimbursable**.  
**BREAST MILK MUST BE PUT IN A BOTTLE**
- If the mother of the infant comes into the day care home where the child is in care, and breast-feeds her infant, the meal **is not** reimbursable.
- If a family day care provider breast-feeds her own infant, [(PROVIDING THE INFANT'S MEAL IS ELIGIBLE FOR REIMBURSEMENT-REFER TO MBF)] the meal is reimbursable.
- A medical statement is not needed to continue feeding infants Breast Milk after thirteen (13) months of age. Continue to serve babies their Mothers milk as long as the Mother is able and wishes to provide it.

## **REIMBURSEMENT FOR INFANT FORMULA**

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The Provider must always offer the infant a complete, developmentally appropriate meal. The meal must be served and fed to the enrolled infant by the Family Day Care **Provider**.

## **INFANT FOOD PRODUCTS WITH DOCOSAHEXANEROIC ACID (DHA)**

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### ***Baby Food Products with DHA***

***Jarred baby product containing DHA cannot be served to infants as part of a reimbursable meal in the child nutrition programs. DHA in jarred baby food products cannot contribute to the infant meal pattern, they may be served as additional foods to infants 8 months of age or older when introduced in coordination with the parent/guardian and the child's health care provider.***

*Infant formulas made with DHA may be served since the source of DHA in infant formulas differs from that in infant jarred foods.*

***The DHA found in some lines of jarred baby food fruit or vegetable products is made from egg yolks. This source of DHA is included in baby foods intended for older infants, and although it is derived from a food product, it is still not appropriate for infants under eight months of age. Products such as Beech-Nut First Advantage Sweet Potato Soufflé or Tropical Blend are intended for infants eight months of age or older. These products combine fruits and vegetables with dried egg yolk, heavy cream, rice flour, vanilla extract, and other ingredients. Introducing these products into an infant's diet before the child is developmentally ready could result in a food sensitivity or food allergy.***

*The addition of DHA to jarred baby fruit or vegetables can be determined either by reading the ingredients label or through checking the manufacturers' websites.*

## SAFETY AND SANITATION

### HANDWASHING

The most important way to prevent the spread of germs and illness is for the **Providers, Parents** and **Children** to wash their hands often, especially for mealtime.

- ❖ Use soap (preferably liquid) and running, warm water.
- ❖ Hands should be rubbed together fast for at least 20 seconds.
- ❖ Sing 1 verse of “Happy Birthday” or “Old MacDonald” and you will have washed your hands for 20 seconds.
- ❖ The washed area should go all the way up to forearms, between fingers and under fingernails.
- ❖ Rinse hands thoroughly under running water; leave the water running while drying hands.
- ❖ Dry hands with a separate paper towel and use it to turn off faucets.

### WHEN SHOULD THE HANDS BE WASHED?

Wash your hands thoroughly before you:

- ❖ Bottle feed a baby
- ❖ Handle, prepare, serve, or touch food or bottles
- ❖ Handle food utensils and set the table
- ❖ Touch raw meat, poultry, or fish
- ❖ Eat, drink, or feed food to babies or children
- ❖ Put away Clean Dishes
- ❖ Give Medication
- ❖ Before putting on Single-use Gloves and change gloves frequently

### WASH YOUR HANDS THOROUGHLY AFTER YOU:

- ❖ Arrive at the site for the day
- ❖ Handle Raw Meat, Poultry, Fish, or Eggs
- ❖ Change a Baby’s or Child’s Diaper and/or Clothing
- ❖ Use the Bathroom or assist a child in the bathroom
- ❖ Handle a baby or child who is ill or give Medication
- ❖ Come in contact with any bodily fluids
- ❖ Handle Trash

**IRON FORTIFIED  
INFANT FORMULA LISTING**

**IRON FORTIFIED INFANT FORMULAS  
THAT DO NOT REQUIRE MEDICAL STATEMENTS  
FOR INFANTS**

**Milk Based Infant Formulas:**

- Carnation Good Start
- Enfamil with Iron
- Enfamil AR
- Enfamil Lacto free
- Similac with Iron
- Similac Lactose Free with Iron
- Similac Advance
- Enfamil Lipil
- Gentle Moments Infant Formula
- Kirkland Signature Infant Formula with Iron

**Soy Based Infant Formulas:**

- Carnation Alsoy
- Isomil
- ProSobee
- Gentle Moments Soy Infant Formula

**FOLLOW-UP IRON FORTIFIED FORMULAS**

**THAT DO NOT REQUIRE MEDICAL STATEMENTS  
WHEN THEY ARE SERVED TO INFANTS  
4 MONTHS OF AGE OR OLDER:**

**When Served to Infants 4 months of age or older:**

- Carnation Follow-up Formula (milk based) – this formula is specifically designed for infants 4 – 12 months of age and older who are eating cereal and other baby foods.
- Carnation Follow-up Soy Formula (soy based) – this formula is specifically designed for infants 4 – 12 months of age and older who are eating cereal and other baby foods.
- Gentle Moments 2 Infant Formula with Iron (milk based) – this formula is designed for infants 4 months and older as the infant grows and adjusts to solid foods.
- The formulas are designed for infants 4 months and older and intended to replace traditional starter formula when an infant is eating cereal and other baby foods. The formulas are not intended to replace breast milk. They have been formulated for use as a supplement to the solid food portion of the older infant’s diet:
  - Parents Choice 2 Follow-on Infant Formula
  - Safeway Select 2 Follow-on Infant Formula
  - Target Healthy Baby Formula for Older Infants
  - Wegman’s 2 Follow-on Infant Formula

**FOLLOW-UP IRON FORTIFIED FORMULAS  
THAT DO NOT REQUIRE MEDICAL STATEMENTS  
WHEN THEY ARE SERVED TO INFANTS  
6 MONTHS OF AGE OR OLDER:**

**When Served to Infants 6 months of age or older:**

- Enfamil Next Step Toddler Formula (milk based) – this formula is designed as an alternative to cows milk for the older infant 6 months of age or older, or toddler.
- Enfamil Next Step Soy Toddler Formula (soy based) – this formula is designed as an alternative to cows milk for the toddler with milk sensitivities.
- Ross Similac 2 Toddler Formula (milk based) – this formula is designed as an alternative to cows milk for the older infant 6 months of age or older or toddler. It is not an alternative to “Enfamil with Iron” or any other iron-fortified infant formula that is designed for infants’ birth – 12 months of age.
- Ross Isomil 2 Soy Toddler Formula (soy based) – this formula is designed as an alternative to cows milk for the toddler with milk sensitivities.

*Babies Welcome In CACFP  
Attachment B*

Baltimore City Health Department  
Child and Adult Care Food Program  
4 South Frederick Street, 2<sup>nd</sup> Floor  
Baltimore, Maryland 21202

**FORMULA WAIVER**

To Whom It May Concern:

My infant child, \_\_\_\_\_, is enrolled in the Family Day Care  
(Name of Infant)

Home of \_\_\_\_\_ of \_\_\_\_\_,  
(Name of Provider) (Provider's Address)

Baltimore, Maryland 212\_\_\_\_\_. I understand that \_\_\_\_\_ Formula with  
(Name of House Formula)

Iron is offered to all infants enrolled in the care of \_\_\_\_\_.  
(Name of Provider)

I will supply my own Formula with Iron / Bottled Breast Milk for my \_\_\_\_\_ month(s)  
(Please Circle Choice) (Age)

old infant listed on this Formula Waiver.

I will supply my own \_\_\_\_\_.  
(Name of Formula with Iron)

Sincerely,

\_\_\_\_\_  
(Signature of Parent/Guardian)

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
(Printed Name of Parent/Guardian)

***Babies Welcome In CACFP  
Attachment C***

ADVISORY  
*METHYLMERCURY IN FISH*

RECOMMENDATIONS  
FOR WOMEN, NURSING MOTHERS AND YOUNG CHILDREN:

1. Eat fish that are low in mercury including: shrimp, canned light tuna, salmon, polluck, and catfish.
2. Do not eat shark, swordfish, king mackerel, or tilefish because they contain high levels of mercury.
3. Eat no more than six (6) ounces – one average meal of albacore white tuna because of its high mercury content.
4. Eat no more than twelve (12) ounces – two average meals a week of a variety of fish and shellfish that are lower in mercury.
5. Check local advisories about the safety of fish caught by family and friends in your local lakes, rivers and coastal areas. If no advisories exist, eat no more than six (6) ounces – one average meal per week of fish you catch from local waters, but do not eat any other fish during the week.
6. Follow these same recommendations when feeding fish, and shellfish to your young child, but serve smaller portions.

FISH CAUGHT BY FAMILY and FRIENDS  
IN LOCAL WATERS  
**IS NOT REIMBURSABLE**

## **REPORT OF CHANGE**

Providers must complete a Report of Change form for the following changes:

### CHANGE OF NAME

Providers are assigned identifiers under pre-approved name, the pre-approved name listed in the CACFP records and license will remain the same until a Report of Change Form is received ***attached with a copy of the new license with new name***. The provider will be closed with the current name and reopened after the process of a new Agreement and Application has been completed with the new name and new Family Day Care number with Maryland State Department of Education.

### CHANGE OF RESIDENTIAL ADDRESS or OPERATING ADDRESS

Providers must be accurate with the ***date of change for the new residential address***. The previous approved residential address will be closed as moved. Please note only the approved address should appear on all forms including last reimbursement.

### CHANGE OF MAILING ADDRESS

Providers that elect to have their reimbursement checks mailed to a Post Office Box ***MUST HAVE***:

1. Permission from licensing worker
2. Had problems with mail delivery
3. Proof that the POST OFFICE BOX is in PROVIDER'S NAME

### CHANGE OF TELEPHONE NUMBER

Providers must submit new telephone number of participating licensed family day care residence as soon as possible.

### REPORT INFORMATION OF CHANGE

Providers must report information that may influence the reimbursement status, such as the following:

- Change of license capacity or status
- Change of Meal times
- Leave of absence from participating in the CACFP
- When not operating during normal hours or days and a Substitute will provide care/maintain calendar of substitute [COMAR 07.04.01.38]

**BALTIMORE CITY HEALTH DEPARTMENT  
CHILD and ADULT CARE FOOD PROGRAM  
4 SOUTH FREDERICK STREET, 2<sup>ND</sup> FLOOR  
BALTIMORE, MARYLAND 21202**

**REPORT OF CHANGE**

The Family Day Care Provider enrolled in the Child and Adult Care Food Program must report to Baltimore City Health Department – Child and Adult Care Food Program changes that affect the Status of the Registration and Operation of the Family Day Care Home and reported to Child Care Administration, Region II.

Please Print:

Current Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ e-mail: \_\_\_\_\_

**CHECK ALL THAT APPLY**

New Name:

\_\_\_\_\_

New License Attached      YES      NO

New Address:

\_\_\_\_\_

\_\_\_\_\_

New Telephone: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Sponsor's Use Only

**Date Processed** \_\_\_\_\_



**CHILD AND ADULT CARE FOOD PROGRAM STAFF ROSTER**

*Nutrition Technicians*

*Diane Adams*

*Office Telephone*

*410.396.4252*

*Yolanda Bellamy*

*410.396.4252*

*Wanda Hall*

*410.396.4252*

*Cynthia Johnson*

*410.396.4252*

*Hannah Okoronkwo*

*410.396.4252*

*Jamy Smith*

*410.396.4252*

*Facsimile*

*410.727.6820*

*Nutrition Technician Supervisor*

*Easter "Bonnie" Talley*

*Office Telephone*

*410.396.4256*

*Office Assistant/Secretary*

*Mary Taylor*

*Office Telephone*

*410.396.4240*

*Accounting Assistant/Community Aide*

*Ruffin Downes*

*Office Telephone*

*410.396.4256*

*Check and  
Information Line*

*410.396.4573*

*Director*

*Jacqueline Gowans Maulsby*

*Office Telephone*

*410.396.4240*

*THE CHILD and ADULT CARE FOOD PROGRAM VALUES YOUR PARTICIPATION, CONTINUED SUPPORT and COOPERATION. IF YOU SHOULD HAVE ANY QUESTIONS, COMMENTS or CONCERNS PLEASE FEEL FREE TO CALL or WRITE – PERSONAL and CONFIDENTIAL to: JACQUELINE GOWANS MAULTSBY, DIRECTOR*



Baltimore City Health Department  
**CHILD AND ADULT CARE FOOD PROGRAM**  
4 South Frederick Street, 2<sup>nd</sup> Floor  
Baltimore, Maryland 21202  
410.396.4240  
JGowans.Maultsby@baltimorecity.gov





# CACFP WEBSITES



Maryland State Department of Education  
[www.eatsmartmaryland.org](http://www.eatsmartmaryland.org)

Child and Adult Care Food Program  
[www.fns.usda.gov/cnd/Care/CACFP/cacfphome.htm](http://www.fns.usda.gov/cnd/Care/CACFP/cacfphome.htm)

National Food Service Management Institute  
[www.nfsmi.org](http://www.nfsmi.org)

Food Research and Action Center  
[www.frac.org](http://www.frac.org)

Food and Nutrition Information Center  
National Agricultural Library  
[www.nal.usda.gov/childcare](http://www.nal.usda.gov/childcare)



**CACFP  
MEALTIME  
MEMO  
RESOURCES**



